

General

Title

Adult body mass index (BMI) assessment: percentage of patients 18 to 74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

Obesity is the second leading cause of preventable death in the United States (U.S.). It is a complex, multifaceted, chronic disease that is affected by environmental, genetic, physiological, metabolic, behavioral and psychological components. Approximately 127 million American adults are overweight, 60 million are obese and 9 million are severely obese (American Obesity Association [AOA], 2005). Obesity

affects every ethnicity, socioeconomic class and geographic region in the U.S. This disease has been growing by epidemic proportions, with the prevalence increasing by approximately 50 percent per decade. Obesity's impact on individual overall health has drastically increased as well. It increases both morbidity and mortality rates and the risk of conditions such as diabetes, coronary heart disease (CHD) and cancer. It has a substantial negative effect on longevity, reducing the length of life of people who are severely obese by an estimated 5 to 20 years (Olshansky et al., 2005). Overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults aged 20 to 74, which results in a significant economic impact—approximately \$99.2 billion is spent annually on obesity-related medical care and disability in the U.S. (Thomas et al., 2003).

It is estimated that the aggregate cost of obesity ranges from 5 to 7 percent of the total of annual medical expenditures in the U.S. (\$75 billion per year) (Finkelstein, Fiebelkorn, & Wang, 2003; Finkelstein, Ruhm, & Kosa, 2005). In 1994 the estimated cost of obesity to U.S. business was \$12.7 billion (\$10.1 billion due to moderate or severe obesity; \$2.6 billion due to mild obesity). Obesity-attributable business expenditures include paid sick leave, life insurance and health insurance, totaling \$2.4 billion, \$1.8 billion and \$800 million, respectively (Thompson et al., 1998). Not only is the prevalence of obesity increasing, but the relative per capita spending among obese Americans is also increasing. That increase accounted for 27 percent of the growth in real per capita spending between 1987 and 2001. Within that period, the prevalence of obesity increased by 10.3 percentage points, to almost 24 percent of the adult population (Thorpe et al., 2004). The rise in obesity is directly correlated to drastic increases in three major conditions: diabetes, hyperlipidemia and heart disease. The increase in per capita spending is caused by the increase in obesity prevalence and the increase in spending on the obese, relative to those of normal weight (Thompson et al., 1998).

Guidelines from various organizations, including the Institute for Clinical Systems Improvement (ICSI); the U.S. Preventive Services Task Force (USPSTF); the National Heart, Lung, and Blood Institute (NHLBI); and the Michigan Quality Improvement Consortium, indicate that the first step in weight management is assessment of height and weight in order to calculate a patient's body mass index (BMI).

BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height, and it is the most conducive method of assessment in the primary care setting (NHLBI, 2001).

Evidence for Rationale

American Obesity Association (AOA). AOA fact sheets: what is obesity; obesity in the U.S.; and health effects of obesity. [internet]. Silver Spring (MD): American Obesity Association (AOA); 2005 Mar.

Finkelstein EA, Fiebelkorn IC, Wang G. National medical spending attributable to overweight and obesity: how much, and who's paying. *Health Aff (Millwood)*. 2003 Jan-Jun;Suppl Web:W3-219-26. [PubMed](#)

Finkelstein EA, Ruhm CJ, Kosa KM. Economic causes and consequences of obesity. *Annu Rev Public Health*. 2005;26:239-57. [80 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Heart, Lung and Blood Institute. The NHLBI practical guide: identification, evaluation, and treatment of overweight and obesity in adults. NIH Publication No. 00-4084 or 02-4084. Bethesda (MD): National Institutes of Health; 2001.

Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, Hayflick L, Butler RN, Allison DB,

Ludwig DS. A potential decline in life expectancy in the United States in the 21st century. N Engl J Med. 2005 Mar 17;352(11):1138-45. [PubMed](#)

Thomas A, Hodges B, et al. Obesity in women: a guide to assessment and management. Boston (MA): Brigham and Women's Hospital; 2003.

Thompson D, Edelsberg J, Kinsey KL, Oster G. Estimated economic costs of obesity to U.S. business. Am J Health Promot. 1998 Nov-Dec;13(2):120-7. [PubMed](#)

Thorpe KE, Florence CS, Howard DH, Joski P. The impact of obesity on rising medical spending. Health Aff (Millwood). 2004 Jul-Dec;Suppl Web:W4-480-6. [PubMed](#)

Primary Health Components

Body mass index (BMI)

Denominator Description

Patients age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit during the measurement year or the year prior to the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Body mass index (BMI) during the measurement year or the year prior to the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will

undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 18 to 74 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year and the year prior to the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients age 18 years as of January 1 of the year prior to the measurement year to 74 years as of December 31 of the measurement year who had an outpatient visit (Outpatient Value Set) during the measurement year or the year prior to the measurement year

Exclusions

A diagnosis of pregnancy (Pregnancy Value Set) during the measurement year or year prior to the measurement year

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Body mass index (BMI) (BMI Value Set) during the measurement year or year prior to the measurement year

For patients younger than 19 years of age on the date of service, BMI percentile (BMI Percentile Value Set) also meets criteria.

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Adult BMI assessment (AABA).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Prevention and Screening

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 1, 2014.

This NQMC summary was updated by ECRI Institute on February 10, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

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